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ABSTRACT

Stress is a part of the normal process of growing and developing for children. A stress situation is composed of anxiety and stress. If coping strategies are inadequate, depression can result. Four categories of stress include time, anticipatory, situational, and encounter stress. It is important to recognize unsuccessful defense mechanisms employed by children to try to deal with anxiety-provoking situations. These include repression, regression, projection, displacement, reaction formation, rationalization, denial, and identification. It is the child's individual perception that sets the tone and amount of stress in response to a particular event. A variety of techniques have been proven effective in helping children deal with stress, including yoga, deep muscle relaxation, and guided visual imagery. Adults should be aware of the stress in children's lives, and should assist in the development of positive coping strategems. (Appendices include a list of telltale signs of stress in children and two lists of potential stresses in a child's life.) (ABL)

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# Children and Stress:
# Indications, Implications and Interventions

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Children and Stress:
Indications, Implications and Interventions

Children and stress? At first glance, these two terms may appear anachronistic. Childhood, through our selective memories, is a period of care-free growth and fun. As adults, we muse, "Oh, to be a child again". We tend to overlook the painful, anxiety-provoking experiences and create a somewhat idealized version of our youth. Part of the process of development and growth, whether consciously recognized or not, is the learning and application of successful coping strategems for dealing with the stress of being a child (Compas, 1987). This learning process is due to the reality that "stress is an unavoidable consequence of the challenges of living" (Clark, 1986, p.112). In order to better understand the indications, implications of stress and possible interventions to address stress in the lives of children, it must be remembered that "stress as experienced by the child and stress as estimated by the adult observing the impact of the stress on the child are frequently of very different orders of magnitude" (Yamamoto, 1979, p.581).

It has been argued that "anxiety is one of the necessary engines of social progress" (Santrock, 1987, p.529). Such an opinion is in contrast to that proposed by Lefrancois (1982) who describes anxiety as "a feeling characterized by varying degrees of fear and worry" (p. 315). This argument underlines

the dichotonomous views of stress in children; i.e.: that stressful situations can be "a positive or negative phenomenom" (Holt et al., 1987, p.51)., inherent in which is the potential for success and satisfaction or failure and disappointment (Norem and Cantor, 1986).

A stressful situation possesses two components; anxiety, the affective response to the impact of the experience (Crowley, 1981), and stress, described as the cognitive component of the perception of the individual (Crowley, 1981; Conger and Peterson, 1984). "Emotional stress can be described as a condition involving tension, frustration, or conflict" (Jones et al., 1985, p.451). Stress that accumulates unaddressed or unchecked is "likely to arouse internal responses (thoughts, feelings, psycho-physiological reactions) and behaviors that conflict with the satisfaction of other needs or motives" (Conger and Peterson, 1984, p.53). Should the applied coping strategems prove ineffective in reducing the amount of stress perceived by the individual, Mussen et al. (1984) explain that "in many forms of depression, particularly those that are relatively minor and transient, psyhcological and social factors obviously play the principal causative role" (p.48). Further, there has been a correlation demonstrated between depression in children and suicide ideation and attempts (Gold, 1988).

Stress is felt as a part of life equally in elementary school and the secondary school and between males and females (Crowley, 1981; Webb et al., 1984). While the issues change as the child develops, the impact of the stress, either unresolved from previous experience or as a product of new experience, has hampering effects. Scholastically, Proger and Myrick (1980) report that 30% of students suffer from learning-impairing stress. Lefarancois (1982) describes the cyclical impact of decreased expectations of performance and a corresponding decrease in actual performance on the part of the individual child. This cycle results in a detrimental impact on learning and in-school success (Proger and Myrick, 1980; Lefrancois, 1982). This impact would be predictable as, according to Clark (1986), the physiological responses to perceived stress act to deny access to the limbic area as well as the centers controlling logical thought and speech. Proger and Myrick (1980), therefore, correlate the increase in perceived stress on the part of the individual with lowered ability for complex learning, a narrower perceptual field hampering or eliminating incidental learning, poorer verbal and nonverbal problem-solving skills and lower evidence of creativity and curiousity. In essence, "anxiety is an important part of the personality of underachieving children" (Proger and Myrick, 1980, p.13). From a more comprehensive perspective,

it can be said that "most of our ineffective functioning and illness result from stress-related disorders" (Severson, 1976, p.2).

Based on the "recognition of the importance that a person's emotional state plays in all life functioning" (Miller et al., 1982, p.235), it must be remembered that "whether pleasant or unpleasant, various experiences are perceived differentially in terms of the estimated magnitude of required adaptation" (Yamamoto, 1979, p.581). The affective and cognitive responses to stress need both be positive to facilitate a reduction of the anxiety and stress.

There are four categories of emotionally-induced stress (Albrecht, 1979 as explained by Clark, 1986).

1. Time Stress- anxiety reaction to deadlines, schedules, lack of closure
2. Anticipatroy Stress- anxiety related to an impending event
3. Situational Stress- anxiety related to finding oneself in a situation that is threatening and, at least partially, beyond one's control
4. Encounter Stress- anxiety related to dealing with one or more people whom one finds unpleasant and possibly unpredictable

When faced with a stressful experience, be it problem-focused and/or emotion-focused (Compas, 1987), the feelings

of anxiety, the affective response, begin to be felt. These feelings, according to Proger and Myrick (1980), can be related to one or more of the following:

1. responsiveness to the environment
2. neglect/misinterpretation of cues
3. dependence
4. low self-concept
5. aggression/hostility; directed internally or externally
6. defensiveness
7. disturbed relationship with peers/parents/teachers
8. indecisiveness
9. rigidity
10. cautiousness
11. guilt

(see Appendix A, p.14/15 )

These feelings build within the individual child in a process labeled the "General Adaptation Syndrome" (Selye, 1976 as presented by Jones et al., 1985; Honig, 1986a). The initial step is one of alarm which involves the mobilization of defense mechanisms to deal with the developing feelings. This stage can be characterized by the child appearing restless, irritable, and unable to concentrate; a "free-floating" anxiety that the child cannot explain (Elkind, 1981). The second stage, resistance, maximizes the child's ability to withstand the stressful pressures. This stage may last for several months depending on the strength of the individual and the strain placed on psycho-emotional resources. As this pressure is felt, in an optimistic view, the child will search for, and successfully implement, a strategy to cope with the present stress. In a

pessimistic view, the stress continues to build within the child and the child begins to manifest signs of acute anxiety, "a sudden fearfulness as if something bad were about to happen" (Conger and Petersen, 1984, p.647). Observations of the child at this stage may note the following:

1. the child appearing agitated and restless
2. the child being easily startled
3. complaints of dizziness, headaches, nausea and vomiting
4. demonstration of a limited attention span
5. the child being easily distracted
6. the development of poor sleep habits
7. the development of sleepwalking and nightmares

The child will begin to demonstrate irrelevant responses to interactions and stimuli, searching vainly for an effective coping strategy, as the discrimination between appropriate and inappropriate cues deteriorates (Santrock, 1987). An exhaustion of the child's resources leads to the third stage of the syndrome, "situation burn-out" (Elkind, 1981), a sense of surrender and despair. Further perceived inability to cope with the anxiety may result in learned helplessness, depression, and, perhaps, suicidal tendencies (Elkind, 1981; Jones et al., 1985; Gold, 1988).

It is important to recognize unsuccessful defense mechanisms employed by children to try to deal with anxiety-provoking situations. While, superficially, it appears the child is responding in a positive manner, the stress level continues to build rather than abate. These ineffective stategems, as presented

by Miller et al.(1982), consist of:

1. repression- characterized by forgetting feelings of being coereced or ordered
2. regression- characterized by a return to an earlier age when it was possible to avoid/deflect the negative feelings
3. projection- characterized by attributing to another person one's feelings, thoughts and beliefs. Such a process allows the child to blame others for his/her own negative feelings. If ongoing, projection may result in a marked confusion between projected fantasies and reality orientation
4. displacement- characterized by the shift of feelings from a target who is too emotionally threatening to a target is less emotionally threatening
5. reaction formation- characterized by acting in a manner incongruent with the way one feels
6. rationalization- characterized by attributing false motives and explanations for one's behavior
7. denial- characterized by refusal to accept feelings from within or situations from without that appear threatening
8. identification- characterized by the child attempting to imitate the coping strategems of a significant other

Implicit within the examination of stress in the life of a child is the negation of the legitimacy of adults to formulate judgments for children on the stressfulness of a situation or an event (Yamamoto and Byrnes, 1984). This evaluation must be replaced by a process of validation of stress felt by the child, founded on the supposition that "vulnerability to stress appears

to be due more to our interpretation of events rather than their inherent seriousness" (Clark, 1986, p.251). Sample lists of potentially stressful life events are included and can be reviewed as to similarities and discrepancies between those events thought to be anxiety-provoking as listed by adults and by children (see Appendix B, p.16/17 and Appendix C, p.18 ). Regardless of the event or the child's perception of it, the "compounding effect of lowering self-esteem and self-confidence, on interrupting interpersonal relations and decision-making" (Severson, 1976, p.2) demand that coping with stress successfully be an integral aspect of the child's continual process of growth and learning.

"Coping includes instinctive or reflexive reactions to threat as well as an array of learned responsives to aversive stimuli" (Compas, 1987, p.393). In analysis, these remarks direct the intervention to include attention to the affective and cognitive components of successful coping "Many students need assistance in unlearning inappropriate behaviors and re-education in life-coping strategies" (Crowley, 1981, p.102). To address the affective component, Holt et al. (1987) suggest that "while there is evidence that persons can learn more effective means of responding to potentially stressful events, there is also evidence that personality factors play a large part in the process of coping

with stress" (p.51; Webb et al., 1987). Examination of the affective and cognitive/behavioral coping process will be addressed, followed by a brief review of the literature discussing relaxation, tension-reduction techniques, and suggestions for intervention with children.

Stemming from the focus of Holt et al. (1987), a description of "vulnerability variables" (Honig, 1986b) is needed. As Elkind (1981) describes, the characteristics of "Type A" personalities, so often ascribed to adults with poor stress adaptation; i.e.: drive for competitive achievement, constant striving, impatience and verbal and/or physical aggression, also designate children who are more likely to suffer from stress. Wertlieb et al. (1987) add six more personality variables characteristc of children who deal poorly with stress. This list consists of:

1. low adaptability
2. a tendency to withdraw from novel stimuli
3. distractability
4. lack of persistence
5. unpleasant or unhappy moods
6. unpredictable, irregular behavior style

A positve correlation has also been established between external locus of control and high stress levels and poor response patterns (Mullins et al., 1982; Honig, 1986b).

In terms of children who exhibit positive stress responses, they are described as,

"resourceful, relaxed, responsive, able to express feelings easily and get excited about good things. They are reflective and thoughtful. They are also spontaneous, active, energetic, happy, opinionated but open to new ideas and sensitive to others. They have a sense of direction" (Reed, 1984, p.30).

Holt et al. (1987) refined Reed's (1984) characteristics into three categories: commitment, challenge and control. Commitment, described as involvement in many aspects of one's life, encompasses sense of purpose, self-understanding, and a sense of mutual support. Challenge, defined as the "belief that change, rather than stability, is characteristic of life" (p.52), is underscored by a positive anticipation of change, a personal incentive to grow and an emphasis on growth and change. Control, explained as one's "believing and acting as if one is influential (rather than helpless) in the course of events of one's life"(p.52), is exemplified by the recognition of events as a consequence of one's own activity and the development of a repetoire of options and actions.

The process of strategem development must begin with a description of the discrepancy between the child's perceptions of the expectations of an event and his/her perceived capacity to recognize all inherent expectations and to successfully meet these expectations. Based on this individual perception,

the weight of the event upon the child is legitimized (Yamamoto, 1979). The discrepancy itself, be it labelled "interpersonal or impersonal" (Mullins et al., 1982; Compas, 1987), needs to be addressed through the teaching, either formally or informally, of a problem-solving strategy integrating the following five properties:

1. flexible, inventive creation of response options
2. open consideration of options and choices
3. recognition of misconceived ideas and the re-organization of these ideas into personally acceptable drives
4. orientation to reality and to future implications of situations and decisions
5. rational, conscious consideration and purposeful thinking (Elkind, 1981; Jones et al., 1985; Honig, 1986a; Clark, 1986)

To assist in the defusion of the tumult of emotions congruent with stressful situations, a variety of techniques for relaxation have proven effective with children. Prager-Decker (1979) cites the positive impact of yoga, deep muscle relaxation and guided visual imagery with elementary school age children. Such methods have been linked to a lessening of anxiety as well as the processes of systematic relaxation and biofeedback (Severson, 1976; Proger and Myrick, 1980). While such techniques will require special training on the part of the one involved in the intervention, the positive responses would necessitate inclusion of a selection of these techniques.

To facilitate the development of holistic stress management attitudes and behaviors; i.e. to address the child as a validated, legitimate whole (Reed, 1984), "being sensitive and caring is an important first step" (Lefrancois, 1982, p.316; Thompson and Rudolph, 1983; Honig, 1986b). Thompson and Rudolph (1983) add that caregivers need to:

1. give the child permission not to be perfect
2. provide clear, concise expectations
3. avoid overemphasizing the importance of success
4. recognize, with the child, new situations and inherent new expectations
5. adopt a preventative, rather than a remedial, approach

Honig (1986b) supports the suggestions made by Thompson and Rudolph (1983) and adds the following:

1. role model self-control and productive coping skills
2. work to enhance the child's self-esteem
3. encourage individual development
4. teach skills in consequential thinking
5. acknowledge the child's feelings and encourage verbal mediation
6. help the child distinguish reality from fantasy
7. use gentle humour
8. focus directly on the stressor
9. structure co-operation
10. modify situations and rules when applicable
11. establish time for on-to-one communication
12. mobilize peers to help
13. use of selective bibliotherapy
14. use of group/family discussions

15. use of expressive art as a medium of communication
16. role simulation of coping skills
17. involvement of all significant others in the child's life

"The energy that is dissipated through worrying can be channeled into higher levels of performance, problem solving and more joyful living" (Crowley, 1981, p.102).

This paper has recognized the impact of stress on children, maintaining the view that it is the child's individual perception that sets the tone and amount of stress in response to a particular event. For anyone involved with children and concerned about their growth, it is imperative that "careful explorations ought to be made of the precise configurations of these particular loads so that adults may come to a better understanding and appreciation of what it is like to be a child" (Yamamoto and Byrnes, 1984, p.286). As a result of such intervention to address the affective and cognitive aspects of stress and to assist in the development of positive coping strategems, it can be said that "it is this type of adaptive learning that will help children develop confidence that they can control their bodies, minds and environments" (Severson, 1976, p.7).

## Telltale Signs of Stress in Children

- Doesn't respond to friendly caregiver overtures
- Daydreams frequently
- Has grave, solemn face; rarely smiles or laughs
- Has frequent, prolonged temper tantrums
- Cries a great deal for months after entry into group situation
- Acts sullen, defiant
- Punishes self through slapping, head banging, or calling self bad names
- Is overly sensitive to mild criticism
- Flinches if teacher or visiting adult approaches with caressing or reassuring gesture of outstretched arm
- Reports proudly to teacher if he/she has hurt another child
- Is overly vigilant about others' misdeeds, tattles, jeers
- Is highly demanding of adults, although usually self-sufficient
- Bullies or scapegoats and may get other children to join in
- Carries out repetitive, stereotyped play that may have destructive aspects
- Clings to, shadows caregiver, although in group for months
- Is unable to carry out sustained play with peers
- Has constant need to sleep although physically well
- Is preoccupied with frightening images of monsters or other violent, threatening figures
- Has dull, vacant expression, as if trying to ward off thinking about stressful trauma or tries to deny stressful feelings

- Is hyperactive or restless, wanders around room, touches and disturbs toys and games, cannot settle into constructive play
- Displays disturbed bodily functions, has trouble with feeding, constipation or diarrhea
- Has trembling of hands or facial twitches although apparently well
- Talks compulsively about physical dangers and threats
- Grinds teeth during sleep
- Has rigid facial expressions from taut muscles
- Displays loss of perceptual acuity
- Displays reduced attentional capacity; even though caregiver is very clear in communicating; the child cannot focus well on activity or request
- Stimulates self constantly, which children normally do occasionally for self-comfort
- Feels jittery
- Stutters, uses disfluent speech, or refuses to talk in group
- Is clumsy on easy manual tasks due to muscular tensions
- Frequently acts aggressively towards others, even adults
- Has nightmares

( Honig, 1986b, p.53)

Potential Stresses in a Child's Life

1. Parent dies
2. Parents divorce
3. Parents separate
4. Parenttravels as part of job
5. Close family member dies
6. Personal illness or injury
7. Parent remarries
8. Parent fired from job
9. Parents reconcile
10. Mother goes to work
11. Change in health of a family member
12. Mother becomes pregnant
13. School difficulties
14. Birth of a sibling
15. School re-adjustment (new teacher or class)
16. Change in family's financial condition
17. Illness or injury of a close friend
18. Start of a new extra-curricular activity
19. Change in the number of fights with siblings
20. Threatened by violence at school
21. Theft of personal possessions
22. Change of responsibilities at home
23. Older brother or sister leaves home
24. Trouble with grandparents
25. Outstanding personal achievement
26. Move to another city
27. Move to another part of town
28. Receives or loses a pet
29. Changes personal habits
30. Trouble with teacher
31. Change in hours with bay-sitter or at day-care centre
32. Move to a new house
33. Changes to a new school
34. Changes play habits
35. Vacations with family
36. Changes friends
37. Attends summer camp
38. Changes sleeping habits
39. Change in number of family get-togethers
40. Changes eating habits

41. Changes amount of TV viewing
42. Birthday party
43. Punished for not "telling the truth"

(Elkind, 1981, p. 162/3)

## Potential Stresses in a Child's Life

1. New baby sibling
2. Giving class report
3. Going to dentist
4. Losing in game
5. Picked last on team
6. Not making 100
7. Scary dream
8. Move to a new school
9. Ridiculed in class
10. Getting lost
11. Having an operation
12. Sent to the principal
13. A poor report card
14. Suspected of lying
15. Caught in theft
16. Parental fights
17. Wetting in class
18. Academic retainment
19. Going blind
20. Losing parent

(Yamamoto, 1979, p.582)

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